



State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

July 31, 2003

TO: NEONATAL INTENSIVE CARE UNITS (NICU), HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM PROVIDERS, CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS, MEDICAL DIRECTORS, MEDICAL CONSULTANTS, AND STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

The HRIF letter has been revised after reviewing comments received after issuance of the previous letter. The policy has been slightly modified to accommodate those infants found to have a CCS eligible condition either at the time of discharge or discovered during the course of the HRIF Program participation. Please note that if the child is eligible for the CCS Program, HRIF services are funded as treatment services.

It was clear that eligibility was interpreted strikingly different between counties. To modify the letter to accommodate all comments and to alter the eligibility to its broadest interpretation would have substantially expanded the CCS Program expenditures. Because of serious State budgetary constraints, unfortunately the HRIF Program and its services cannot be expanded at this time to accommodate every county. Thank you for your understanding in this difficult and challenging time.

Sincerely,

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures



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N.L.: 06-0403
Index: Benefits

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SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM SERVICES

I. Background

The HRIF Program provides follow-up services for specific risk factors for an HRIF eligible infant up to three years of age. HRIF Program eligibility criteria are located in section II., A., 1., of this letter.

This letter supercedes the HRIF information located in Chapter 2.17.2, Chapter 5.13.4 – 5 of the CCS Procedure Manual, and Numbered Letter 09-0902, dated September 13, 2002. The HRIF eligibility age is changed from the first two years of life (corrected age) to any time after birth up to three years of age. The HRIF eligibility age limit is being changed to ensure access to HRIF services for children unable to get an appointment for necessary services within the two-year eligibility period, to eliminate the need for calculation of corrected age, and to conform to other State infant development programs, such as Early Start. However, the frequency of HRIF services has not increased during this extended time period.

Because HRIF providers render NICU Special Care Center (SCC) services on an outpatient basis, these providers are allowed to utilize specified SCC procedure codes.



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www.consumerenergycenter.org/flex/index.html

1515 K Street, Suite 400, MS 8100, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: [http:// www.dhs.ca.gov/pcfh/cms](http://www.dhs.ca.gov/pcfh/cms)

Medi-Cal will provide reimbursement for these specific HRIF outpatient services as Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT SS) for Medi-Cal eligible children whose cases are open for HRIF.

CCS standards require the medical director of the NICU to ensure the follow-up of high-risk infants discharged from the unit who may be eligible for the HRIF Program. In addition, each unit's facility shall have an organized program or shall have a written agreement for the provision of these services by another CCS approved hospital/NICU to assure the prescribed follow-up. Annual updates to the SCC directory for the HRIF Program are the responsibility of the medical director of the NICU SCC. When HRIF professional staff changes occur, these changes must be reported as soon as possible to the CMS Branch, Provider Services Unit (PSU). Changes in the NICU HRIF directory are necessary to ensure CCS standards are met and to ensure timely reimbursement of providers for HRIF services.

II. Policy

A. HRIF Program Eligibility Criteria

1. Medical Eligibility

Eligibility for HRIF diagnostic follow-up services shall be from the date of request for these services, which can be at any time after birth up to the child's third birthday, for:

a. Infants meeting at least one of the following criteria:

- (1) Weight less than 1,500 grams at birth.
- (2) Assisted ventilation for longer than 48 hours during the first 28 days of life.
- (3) Prolonged perinatal hypoxemia, acidemia, neonatal hypoglycemia, or repetitive apnea.
- (4) Cardiorespiratory depression at birth which may include infants with Apgar scores of zero to three at five minutes, infants who fail to institute spontaneous

respiration by ten minutes, and infants with hypotonia persisting to two hours of age.

- (5) History of seizure activity.
 - (6) Documented intracranial pathology, including intracranial hemorrhage (other than grade one intraventricular) and cerebral thrombosis.
 - (7) Infants placed on Extracorporeal Membrane Oxygenation (ECMO) and discharged without a CCS eligible condition.
 - (8) Other potential neurologic problems (e.g., history of central nervous system infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, etc.), and,
- b. Infants, meeting eligibility criteria in II., A., 1., a, whose care has been authorized to and provided at an appropriate level CCS approved NICU and are discharged from a CCS approved NICU without a CCS eligible condition, but continue to be at risk for developing a CCS medically eligible condition, or,
 - c. Infants, meeting eligibility criteria in II., A., 1., a., whose care has been authorized to and provided at an appropriate level CCS approved NICU and are discharged without a CCS eligible condition from a community hospital, after transfer from an appropriate level CCS approved NICU, but continue to be at risk for developing a CCS medically eligible condition, or,
 - d. Infants, meeting the criteria in II., A., 1., a., and b. or c., and develop a CCS eligible condition while participating in the HRIF Program are eligible to continue receiving HRIF services.
 - e. Infants meeting the criteria in II., A., 1., a., and who, at the time of discharge, meet all CCS Program eligibility

requirements, including medical, residential, and financial eligibility, are eligible for the HRIF Program in addition to their assignment to the SCC appropriate for their CCS-eligible condition. Because these infants are eligible for the CCS Program, HRIF Program services for these infants shall be authorized and funded as treatment services.

Note: All HRIF Program infants who may be eligible for the Early Start Program shall be referred to the Early Start Program.

2. Residential Eligibility

The county CCS Program is responsible for determining whether the parent or legal guardian of an HRIF Program applicant is a resident of the county per CCS policy.

3. Financial Eligibility

A financial eligibility determination is not required for the HRIF Program when services are authorized and funded as diagnostic services, i.e., infant not eligible for the CCS Program.

4. Age Criteria

The child shall be eligible from birth up to the child's third birthday.

B. HRIF Diagnostic Follow-up Services

1. An interim comprehensive history and physical examination, including neurologic assessment, usually performed at approximately four to six months, nine to twelve months, and 18-36 months. Each examination, up to a total of three during the three-year eligibility period, may be completed by one of the following: a physician, or a nurse practitioner, under the direction of a physician.
2. A developmental assessment (equivalent to the Bayley Scale of Infant Assessment). A developmental assessment is usually performed at approximately four to six months, nine to twelve months, and 18–36 months. Each assessment, up to a total of three during the three-year eligibility period, may be performed by one of the following: a physician, nurse practitioner, physical

therapist, occupational therapist, or a developmental specialist, who has training in the evaluation of motor and sensory development of high-risk infants.

3. A family psychosocial assessment. Each assessment, up to a total of two during the three year eligibility period, may be performed by one of the following: either a CCS paneled social worker or a CCS paneled nurse specialist with expertise in family psychosocial assessments.
4. Hearing Evaluation. It is expected that all infants discharged from a CCS approved NICU will have been screened prior to discharge. All HRIF outpatient hearing screening services must be performed by a Newborn Hearing Screening Program (NHSP)-certified Outpatient Infant Hearing Screening Provider or a CCS-approved Type C Communication Disorder Center.
 - a. Infants, under six months of age, not screened in the hospital shall be referred to a NHSP-certified Outpatient Infant Hearing Screening Provider for a hearing screen. A list of NHSP-certified screening providers is available on the NHSP website: www.dhs.ca.gov/pcfh/cms/nhsp/directory.htm) or by calling the NHSP toll-free number at 1-877-388-5301.
 - b. Infants, over six months of age, not screened in the hospital shall be referred to a CCS-approved Type C Communication Disorder Center for a diagnostic hearing evaluation (see N.L. 20-1299 for the range of tests that can be reimbursed). A Request for Services form shall be sent to the appropriate CCS Program for authorization of these services.
 - c. Infants who did not pass the inpatient hearing screen should have been referred by the NICU to a Type C Communication Disorder Center for a diagnostic hearing evaluation. If this did not take place, see b. above for the referral and authorization process.
 - d. Infants who passed an initial hearing screen but who are at risk for developing a progressive or late-onset hearing loss

(see N.L. 20-1299) should receive a diagnostic hearing evaluation every six months. See b. above for the referral and authorization process.

5. Ophthalmologic assessment. The ophthalmologic assessment is to be performed by a CCS paneled ophthalmologist, preferably a vitreo-retinal specialist or a pediatric ophthalmologist. Evaluation of infants for retinopathy of prematurity should be performed at six weeks of life, if clinical condition permits. Subsequent outpatient examinations, up to a total of four during the three year eligibility period, should be performed until retina are mature (approximately 42 weeks gestational age) or until the ophthalmologist determines the child is no longer at risk for developing retinopathy of prematurity.

6. HRIF Coordinator services.

Only one HRIF Coordinator can be designated to provide services up to a total of three services per client per year. The responsibilities of the HRIF Coordinator, who shall be a physician, nurse specialist, social worker, physical therapist, or occupational therapist, include, but are not limited to:

- a. Ensuring client eligibility for the HRIF Program
- b. Referral for HRIF diagnostic consultations and assessments to CCS paneled/approved providers
- c. Requesting authorizations from the CCS Program for HRIF services
- d. Providing copies of authorizations to HRIF team members and consultants
- e. Assisting families in establishing a Medical Home for the child
- f. Assisting clients/families in making HRIF medical appointments

- g. Ensuring there is a system in place to follow up with families who have missed appointments
- h. Coordinating HRIF services with the State and County CCS Program and to other State programs beneficial for the client, such as Early Start
- i. Ensuring and documenting referral to the Early Start Program for children who meet eligibility criteria for that program. (Call 1-800-515-BABY to contact Early Start Program)
- j. Gathering medical, laboratory, radiology, and other reports for review
- k. Collecting reports and assessments, preparing a summary, and providing the required annual reports and summary to the appropriate CCS office
- l. Conferring with parents regarding services provided and results of clinical evaluations and assessments
- m. Being available and accessible as the HRIF primary contact person for county CCS programs and State CMS Regional Offices, clients/families, and others in matters related to the client's HRIF services

C. Providers for HRIF Program

All providers rendering services for the HRIF shall be CCS paneled providers, except for those provider categories not requiring paneling. As of the date of this letter, nurse practitioners and developmental specialists do not require CCS paneling.

III. Policy Implementation

A. HRIF Program Authorizations

- 1. The CCS Medical Consultant/Director or designee shall authorize specific HRIF outpatient services based on the request for HRIF

diagnostic services for children whose NICU services were authorized by CCS at an appropriate level CCS approved NICU. (HRIF services requested for those HRIF eligible infants who are eligible for the CCS Program may be authorized and funded as treatment services.)

2. An authorization for HRIF diagnostic services shall be issued when there is medical documentation that the child meets the HRIF program eligibility criteria (II., A., above) and when one or more of the following apply:
 - a. The child's parent or legal guardian has completed and signed the CCS Program application and the family has met CCS Program requirements for residential eligibility, or,
 - b. The child is a full scope, no share of cost (SOC) Medi-Cal beneficiary, or,
 - c. The child is a Healthy Families subscriber.
3. An authorization for HRIF services funded as treatment services shall be issued when there is medical documentation that the child meets the HRIF Program eligibility criteria (II., A., above), in addition to meeting all CCS Program eligibility requirements, and one or more of the following apply:
 - a. The child's parent or legal guardian has completed and signed the CCS Program application and the Program Services Agreement (PSA), and the family has met all CCS Program requirements, including residential, financial, and medical eligibility, or,
 - b. The child is a full scope, no share of cost (SOC) Medi-Cal beneficiary, or,
 - c. The child is a Healthy Families subscriber.
4. The HRIF authorization is to be issued and sent to the HRIF Coordinator who is responsible:

- a. For distributing copies of the authorization to all appropriate HRIF team members and consultants involved in the HRIF child's follow-up care.
 - b. Providing a summary and all reports on HRIF services on an annual basis to the CCS Program.
5. A separate HRIF authorization shall be issued to the physician providing HRIF services, including the ophthalmologist, with a copy sent to the HRIF coordinator.
6. Authorization for HRIF services shall:
 - a. Be limited to those benefits and frequency limitations as described in II., B., above and the attached table.
 - b. Have a beginning and ending date for the authorization period.
 - c. Be limited to the HRIF Program services from the date of request up to the child's third birthday.
7. Upon receiving a HRIF report documenting the identification of a CCS eligible condition, the county CCS programs shall:
 - a. Initiate determination of CCS Program eligibility for authorization of treatment services.
 - b. If the child meets CCS Program eligibility requirements and is authorized for treatment services for the CCS eligible condition, HRIF services may continue to be covered as treatment services up to the child's third birthday.
 - c. If the child is determined not to have CCS Program eligibility, that is, not meeting the CCS financial eligibility requirement, the child will continue to be covered for HRIF services under the diagnostic authorization up to the child's third birthday.
8. HRIF services may be authorized as an EPSDT SS or Medi-Cal benefit for Medi-Cal, full scope, no share of cost, beneficiaries and

as a CCS benefit for all other HRIF children.

9. Providers authorized to render HRIF services to CCS/Medi-Cal children must:

- a. Be enrolled as Medi-Cal providers, except for Nurse Specialists and Medical Social Workers
- b. Nurse Specialists and Medical Social Workers who are authorized for HRIF EPSDT SS shall:
 - (1) If employed by the hospital, bill using the hospital's Medi-Cal provider number.
 - (2) If providing services as an independent provider, be instructed on how to obtain a Medi-Cal provider number as an EPSDT SS provider. To enroll as an EPSDT SS provider, contact Medi-Cal Provider Enrollment, at (916) 323-1945.

NOTE: HRIF services for which the EPSDT SS SCC "Z" codes are utilized shall be reviewed and authorized by the CCS county or regional offices. Do not submit requests for authorization of HRIF services to the CMS Branch EPSDT SS Coordinator for review and approval.

10. Providers authorized for HRIF services to CCS-only children must:

- a. Be enrolled as CGP providers, including Nurse Specialists and Medical Social Workers.
- b. If employed by the hospital, bill using the hospital's CGP number.
- c. If providing services as an independent provider, be instructed on how to obtain a CGP provider number. To enroll as a CGP provider, contact the CMS Branch, PSU, at (916) 322-8702.

11. The Developmental Specialist must possess a current license from the State of California as a health care provider, pursuant to a provision of the Business and Professions Code, in order to be authorized to provide HRIF developmental assessments. If the Developmental Specialist is a provider type that normally is not able to enroll as a Medi-Cal provider (e.g., nurse specialist, medical social worker), please refer to III. A., 8., above. To obtain a CGP provider number, please refer to III., A., 9., above.

B. HRIF Provider Claiming and Reimbursement

1. HRIF services are reimbursable only to CCS paneled/approved providers listed in the directory of the HRIF NICU SCC who have been authorized to provide services to the HRIF eligible child.
2. Claiming for HRIF services utilizing EPSDT SS SCC "Z" procedure codes.
 - a. The effective date for utilization of the specific HRIF "Z" codes is January 1, 2001.
 - b. The following Health Care Financing Administration Common Procedure Coding System (HCPCS) Level III procedure codes for HRIF NICU SCC services, payable by Medi-Cal as EPSDT Supplemental Services for HRIF children with Medi-Cal, full scope, no share of cost eligibility or by CCS for HRIF children who are not eligible for Medi-Cal, are effective for dates of service on or after January 1, 2001:

Z4300	HRIF Coordinator, Allied Healthcare Professional (Nurse, Medical Social Worker, Physical or Occupational Therapist)
Z4301	Psycho-Social Assessment, Nurse
Z4304	Developmental Assessment (equivalent to the Bayley Scale of Infant assessment) and Report

- Z4305 HRIF Coordinator, Physician
If the physician delegates the role of the HRIF Coordinator, CMS must be notified of the designated HRIF contact. In addition, if the staff delegated is not a licensed health care provider, pursuant to a provision in the Business and Professions Code, the physician's name must be listed as the HRIF Coordinator and the designated staff will be listed only as a contact.
- Z4307 Assessment and Evaluation, Medical Social Worker

c. Discontinued codes

The following procedure codes are discontinued and if utilized for billing HRIF services, will result in denial of the claim.

Z5400, Z5402, Z5404, Z5426, Z5427, Z5428, Z5434, Z5436

d. Claims Processing with EPSDT SS SCC "Z" procedure codes

(1) Services to Medi-Cal eligible children

- (a) Because some HRIF services are not a regular Medi-Cal benefit, these services MUST be authorized as EPSDT Supplemental Service, as specified in III., B., 1., a., by either an independent CCS County program or a State CMS Regional Office.
- (b) Claims for services in III., B., 1., b., shall be processed as specified in Numbered Letter 05-0896 (e.g., an authorization number entered on the claims for these services must contain ten zeros plus a "4".)

- (c) A separate claim form shall be utilized for claiming the Z codes referred to in III., B., 1., b. These procedure codes shall not be on the same claim form as other CPT or HCPCS procedure codes.
 - (d) Required reports shall be sent to the appropriate CCS office case managing the child.
 - (2) Services to HRIF children with NO Medi-Cal eligibility
 - (a) For counties whose claims are adjudicated by EDS, claims shall be processed as specified in Numbered Letter 05-0896.
 - (b) The county shall approve claims for these services provided to a CCS-only child with the 11 digit county authorization number, (e.g., the funding code for HRIF diagnostic services should be "1" and the funding code for HRIF treatment funded services for CCS Program eligible infants should be "2".)
 - (c) The county shall approve claims for these services provided to a CCS child enrolled in a Healthy Families Plan with the 11 digit county authorization number using the appropriate funding code of "5" for Healthy Families.
 - (d) Required reports shall be sent to the appropriate CCS office case managing the child.
- 3. Claiming for HRIF services utilizing procedure codes other than the EPSDT SS SCC "Z" procedure codes
 - a. Comprehensive history and physical, including neurologic assessment, performed by the Physician or Nurse Practitioner (under the direction of a Physician) should be

billed utilizing the usual and customary Current Procedural Terminology (CPT) Evaluation and Management (E and M) procedure codes. These CPT E and M procedure codes are 99204, 99205, 99214, or 99215.

- b. Developmental Assessments performed by the Physician should be billed utilizing the CPT procedure codes 96110 or 96111.
- c. Ophthalmologic Assessments performed by the Physician–Ophthalmologist should be billed utilizing the CPT procedure codes 99204, 99205, 99214, 99215, 99241 - 99245, 92225, or 92226.
- d. For further information on utilizing the above referenced CPT procedure codes, please refer to the Medi-Cal Provider Manual, Medical Section, Part 2, Evaluation and Management or Ophthalmology. The Medi-Cal Manual can be accessed via the internet at www.medi-cal.ca.gov.

This numbered letter includes an explanation of the policies for HRIF eligibility, authorization of services, and billing guidelines for providers on the appropriate utilization of the HRIF procedure codes for claiming reimbursement for HRIF services. Billing guideline tables are enclosed to assist you in the implementation of the policies and procedures set forth in this numbered letter.

If you have questions regarding the HRIF policy, please contact your designated State CMS Regional Office Nurse Consultant. If you should have claiming or reimbursement questions, please contact Dina Kokkos-Gonzales, Administrative Consultant, CMS Provider Services Unit, at (916) 322-8718.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

BILLING GUIDELINES FOR NICU SCC HRIF PROGRAM SERVICES

1

PROVIDER TYPE	TYPE OF SERVICE	PROCEDURE CODE(S)	FREQUENCY LIMITS FOR THREE YEAR PERIOD	REPORT REQUIRED
PHYSICIAN	Coordinator*	Z4305	3 coordinator charges per year per client (up to 9 charges allowable during the 3 year eligibility period)	X
PHYSICIAN (or Nurse Practitioner under direction of physician)	Comprehensive history and physical, including neurologic assessment***	99204 -99205, 99214 - 99215	3 assessments per client allowable during the 3 year eligibility period	X
PHYSICIAN	Developmental Assessment**	96110 - 96111	3 assessments per client allowable during the 3 year eligibility period	X
PHYSICIAN – OPHTHALMOLOGIST	Ophthalmologic Assessment	99204 – 99205, 99214 – 99215, 99241-99245, 92225, 92226	4 assessments per client allowable during the 3 year eligibility period	X
NURSE SPECIALIST	Coordinator*	Z4300	3 coordinator charges per year per client (up to 9 charges allowable during the 3 year eligibility period)	X
NURSE SPECIALIST	Developmental Assessment**	Z4304	3 assessments per client allowable during the 3 year eligibility period	X

- * Only one coordinator can be designated and bill for each client per date of service.
- ** Only one healthcare provider can be designated and bill for developmental assessments for each client per date of service.
- *** Only one healthcare provider, i.e., physician **or** nurse practitioner, can be designated and bill for the comprehensive H & P, including neurologic assessment, for each client per date of service.
- **** Only one healthcare provider can be designated and bill for the psycho-social assessment for each client per date of service.

BILLING GUIDELINES FOR NICU SCC HRIF PROGRAM SERVICES

2

PROVIDER TYPE	TYPE OF SERVICE	PROCEDURE CODE(S)	FREQUENCY LIMITS FOR THREE YEAR PERIOD	REPORT REQUIRED
NURSE SPECIALIST	Psychosocial Assessment****	Z4301	2 assessments (up to 6 units/day) by <u>either</u> nurse <u>or</u> social worker during the 3 year eligibility period (1 unit = ½ hour)	X
SOCIAL WORKER	Coordinator*	Z4300	3 coordinator charges per year per client (up to 9 charges allowable during the 3 year eligibility period)	X
SOCIAL WORKER	Psychosocial Assessment****	Z4307	2 assessments (up to 4 units/day) by <u>either</u> nurse <u>or</u> social worker during the 3 year eligibility period (1 unit = ½ hour)	X
PHYSICAL/ OCCUPATIONAL THERAPIST	Coordinator*	Z4300	3 coordinator charges per year per client (up to 9 charges allowable during the 3 year eligibility period)	X
PHYSICAL/ OCCUPATIONAL THERAPIST	Developmental Assessment**	Z4304	3 assessments per client allowable during the 3 year eligibility period	X
DEVELOPMENTAL SPECIALIST	Developmental Assessment**	Z4304	3 assessments per client allowable during the 3 year eligibility period	X

- * Only one coordinator can be designated and bill for each client per date of service.
- ** Only one healthcare provider can be designated and bill for developmental assessments for each client per date of service.
- *** Only one healthcare provider, i.e., physician **or** nurse practitioner, can be designated and bill for the comprehensive H & P, including neurologic assessment, for each client per date of service.
- **** Only one healthcare provider can be designated and bill for the psycho-social assessment for each client per date of service.

CCS BILLING GUIDELINES FOR THE HRIF PROGRAM

ENCLOSURE

	<u>CCS SCC “Z” CODE BILLING</u> (Z4300, Z4301, Z4304, Z4305, Z4307)		<u>CCS GENERAL BILLING</u>	
<u>CLIENT</u>	<u>CCS-ONLY CLIENT</u> *	<u>CCS/MEDI-CAL CLIENT</u>	<u>CCS-ONLY CLIENT</u> *	<u>CCS/MEDI-CAL CLIENT</u>
<u>PROVIDER NUMBER</u> <u>HCFA 1500, Field 33</u> <u>UB-92, Field 51</u>	CGP Provider Number e.g., CGP000000	Medi-Cal Provider Number e.g., ZZT123456	CGP Provider Number e.g., CGP000000	Medi-Cal Provider Number e.g., ZZT654321
<u>CLIENT ID</u> <u>HCFA 1500, Field 1a</u> <u>UB-92, Field 60</u>	Leave Field Blank	Social Security Number	Leave Field Blank	Social Security Number
<u>**TABLE BELOW FOR COUNTY CCS PROGRAM USE ONLY**</u>				
<u>TAR CONTROL BOX FIELD</u> <u>HCFA 1500, Field 23</u> <u>UB-92, Field 63</u>	Enter 11 Digit County ID Number ending in an <u>8</u> e.g., 1511234567 <u>8</u>	Enter 0000000000 <u>4</u> or <u>4</u>	Enter 11 Digit County ID Number ending in an <u>8</u> e.g., 1511234567 <u>8</u>	Enter 0000000000 <u>8</u> or <u>8</u>

- * **CCS-only clients also includes CCS-eligible children enrolled in Healthy Families. Counties must use the appropriate funding code for CCS children enrolled in Healthy Families. Please designate the appropriate funding code in the TAR Control Field with the CCS 11 digit County ID number as the HRIF services may be funded as either diagnostic or treatment.**